



## **REPORTABLE INCOME**

**YOU MUST REPORT ALL INCOME & BRING IN ALL DOCUMENTS**

**FAILURE TO DISCLOSE WILL RESULT IN DISQUALIFICATION OF YOUR HOUSING APPLICATION!!**

1. Income from employment (Cash payments or Check)
2. Social Security Disability Benefits
3. Unemployment Benefits
4. Alimony
5. Child Support
6. TANF
7. Welfare AFDC
8. Per Capita
9. Lump Sums
10. Federal Income Tax Return
11. State Income Tax Return

## **LEGAL DOCUMENT'S must be attached to be deemed complete!**

1. Social Security Cards ( must bring in cards for all household members)
2. Birth Certificates (for all household members)
3. License or ID for all Adult members
4. Proof of Indian
5. Proof of Land Use (CO/OP Agreement from Assignment Holder)
6. Legal Documents for Adopted Children
7. Legal Documents for Guardianship



SAN PASQUAL HOUSING & COMMUNITY DEVELOPMENT  
HOME OWNERSHIP OPPORTUNITY PROGRAM (HOOP)

**\*Applications must be Updated Annually\***

NAME \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (MUST BE VERIFIED) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FOR OFFICE USE ONLY:  
RECEIVED BY: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FORWARD TO: \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOUSEHOLD COMPOSITION:

FULL NAME(S) OF ALL HOUSEHOLD MEMBERS	RELATION TO HEAD	SEX M / F	DATE OF BIRTH	NATIVE AMERICAN Y / N	LIST TRIBE	SOCIAL SECURITY NUMBER ***REQUIRED***
LAST, FIRST, MIDDLE						
	HEAD					
	SPOUSE					

Are there family members temporarily absent? \_\_\_\_\_ Yes \_\_\_\_\_ No if so, whom: \_\_\_\_\_

Where are they residing? \_\_\_\_\_ When are they to return? \_\_\_\_\_

Will any household member, including children, live in the unit on a less than full time basis? If yes, please explain \_\_\_\_\_.

Do you anticipate any change in your household (someone moving in or out) during the next 12 months? If yes, please explain. \_\_\_\_\_.

Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments? \_\_\_\_\_

Do you have Land? \_\_\_\_\_ is it Flat or Mountain side? \_\_\_\_\_. Please send in a picture of your land for your file.

**TOTAL HOUSEHOLD INCOME:**

Household Members	Employer	Gross Weekly Wages	Welfare TANF	Child Support Received	Social Security Benefits	Unemployment Benefits	All Other Income

**Household Asset Information**

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN HAVE MONEY HELD IN:

YES	NO		Current Balance
		Checking Accounts (6 month average)	\$
		Savings Accounts	\$
		Stocks	\$
		Capital investments	\$
		Bonds	\$
		Trusts	\$
		Securities	\$
		Whole life insurance Policy (do not include term life insurance)	\$
		401K	\$
		IRA/KEROGH Accounts	\$
		Certificates of Deposits	\$
		Pensions/Retirement/Annuity Accounts	\$
		Money Market Funds	\$
		Treasury Bills	\$
		Safety Deposit Box	\$
		Lump Sum Payments (i.e. inheritance, ins. Settlement, lottery winnings, capital gains)	\$
		Any accounts held jointly with someone in the unit? Which acct. & with whom?	\$
		Other	\$
		Do you own real estate? What is value? If yes, what is the address?	\$
		Do you hold a contract for Deed?	\$
		Do you have any coins collected, antique cars, gems/jewelry, stamps or any other item? Held as an investment (wedding rings/personal jewelry do not count)	\$
		Are any assets held jointly with another person? List person and asset(s)	
		Is the combined cash value of all household assets over \$5,000? If yes, 3 <sup>rd</sup> party verification of assets is required.	

Do you currently own your home \_\_\_\_ Yes \_\_\_\_ No. If No, do you \_\_\_\_ Rent \_\_\_\_ make a mortgage/Bank Payments.

If so, how much? \_\_\_\_ Are you the legal owner or a direct descendant of the owner of the property? \_\_\_\_ Yes \_\_\_\_ No

If you do not own, please provide the names(s) of owner(s) \_\_\_\_\_

Have you or any other person named on the application as intending to reside in the unit, ever been convicted for using, dealing or manufacturing illegal drugs, or violent criminal activity? \_\_\_\_\_

#### PREVIOUS PARTICIPATION

Have you or any member of the household ever received housing services from another Tribe/Tribal Housing Authority, Public Housing Authority, or this Housing Department? ☐ YES ☐ NO

If you have had a home before, please provide information as to when the home was given up and list the name of the Agency who built it, state the reason why and which project {if known} and the name of person(s) to whom it was assigned {if known}. Also, state the condition of the house and if there was a delinquent balance.

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Have you or any member of the household ever received assistance from one or more of the following, programs?

Low Income Rental Housing

Rental Assistance ☐ Yes ☐ No

Mortgage Assistance ☐ Yes ☐ No

Down Payment Assistance ☐ Yes ☐ No

Water and Sanitation ☐ Yes ☐ No

HIP ☐ Yes ☐ No

If you are participating or have participated in any of the programs, please provide information as to when and what county/city you resided.

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Do you or your spouse have any relative(s) presently working for, or holding office in this Tribe or Tribal Housing Program? Yes ☐ No ☐ If yes give the name(s) of relative(s), relation, and entity, if known.

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#### PLEASE READ BEFORE SIGNING THE APPLICATION PACKET.

IN ORDER TO RECEIVE SERVICES, YOU MUST QUALIFY BY MEETING ALL ELIGIBILITY REQUIREMENTS AND PROGRAM FUNDING MUST BE AVAILABLE.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. TO ANY MATTER WITHIN ITS JURISDICTION.

#### APPLICANT CERTIFICATION

I/We certify that the answers/information given on this application in reference to household composition, income, Net family assets, allowances and deduction are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that, false statements or information are grounds for termination of housing assistance and termination of tenancy. No record will be communicated to anyone or agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency required it in the performance of their duties. This application will not be valid unless completely filled out. **INCOMPLETE APPLICATIONS WILL BE RETURNED.**

I hereby authorize *and* instruct the \_\_\_\_\_ Tribal Housing Program to obtain and review my credit report.

My signature below also authorizes the release of account information to and from other financial institutions. I have supplied to \_\_\_\_\_ Tribal Housing Program in connection with such evaluation. I understand the processing of this application will require providing my information to the \_\_\_\_\_ Tribal Housing Program.

I understand acceptance of assistance is contingent on all occupants meeting the selection criteria and the applicable program requirements and policies as they now exist or as they may hereafter be revised or added by the \_\_\_\_\_ Tribal Housing Program.

I hereby authorize the \_\_\_\_\_ Tribal Housing Program to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the \_\_\_\_\_ Tribal Housing Program, including but not limited to a copy of my credit report, copies of income verifications, credit references, (including landlord references), copies of W-2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan. The information obtained from the Lender/Broker is only to be used in the determination of eligibility for the \_\_\_\_\_ Tribal Housing Programs.

**Consent:**

I consent to allow the \_\_\_\_\_ Tribal Housing Program to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under \_\_\_\_\_ Tribal Housing Programs. I understand that income information obtained under this consent form cannot be used to deny, reduce, or terminate assistance without the Tribal Housing Program first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to consent to those determinations.

I Understand Participating in the HOOP Program is not Free Housing; an Amortized Mortgage Schedule will be in place.

Signature of Head of Household	Date	Social Security Number
Signature of Co-Head	Date	Social Security Number
Family Member over age 18	Date	Social Security Number
Family Member over age 18	Date	Social Security Number

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW. You do not have to provide this information, but if you do not, your application for approval as a prospective participant or borrower may be delayed or rejected, the information requested in this form is authorized by TITLE 38, USC, Chapter 37 (if VA by 12 USC, Section 1701 BT.SEQ;(if USDA/FmHA)